

Name  
in  
Full

## CERTIFICATE OF DEATH

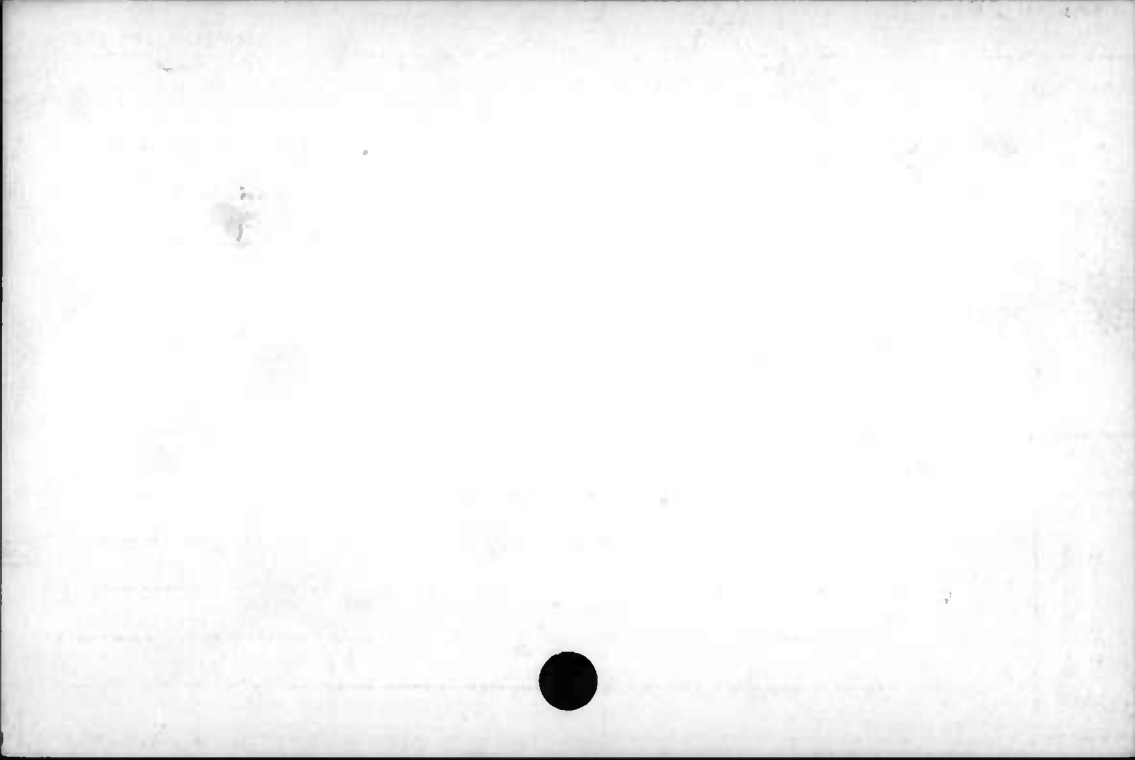
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hutton</i>		County <i>Barrett</i>		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>14</i>	Age	Years <i>4</i>	Months <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Hutton</i>		Occupation	
Married <del>Single</del> or Widowed					
Name of wife or husband					
Father's Name <i>A E Bittinger</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Sophia Bittinger</i>			Mother's Birthplace <i>N Y</i>		
Name of person giving information <i>A E Bittinger</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long <i>2 Hours</i>
Immediate <i>Stroke</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>Did not have</i>	Address <i>a Doctor</i>
Accident or Suicide?	



Name in Full		Maggie Broadman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Bittinger</i> <sup>Town</sup>		<i>Garrett</i> <sup>County</sup>		MARYLAND		
	Date of death	<i>1903</i>	Month <i>Dec</i>	Day <i>20</i>	Age <i>15</i>	Years	Months Days
	Sex	<i>Female</i>		Color or Race	<i>White</i>		
	Occupation	<i>Child</i>		Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		<i>qB</i>		Father's Birthplace		
	Mother's Maiden Name		Mother's Birthplace				
	Name of person giving In formation		How related to deceased				
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		<i>Drople pneumonia</i>			How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>J. B. Roubertough</i>			
				Address <i>Garrett Co. Md.</i>			
	Accident or Suicide?			<i>Yes</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

Carel Dewette

Town

County

MARYLAND

Died at

near Oakland Garrett

Date

Month

Day

Years

Months

Days

of death 190

3

Dec

7

Age

2

Sex

Boy

Color or  
Race

White

Birth-  
place

Md

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Calvary Dewette

Father's  
Birthplace

Md

Mother's  
Maiden Name

Jennie Delawder

Mother's  
Birthplace

Md

Name of person giving  
Information

B. L. Lonsant - 5

How related  
to deceased

son

## CAUSES OF DEATH

Primary

Smallpox + Bur

How long

3 or 4 weeks

Immediate

Smallpox

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

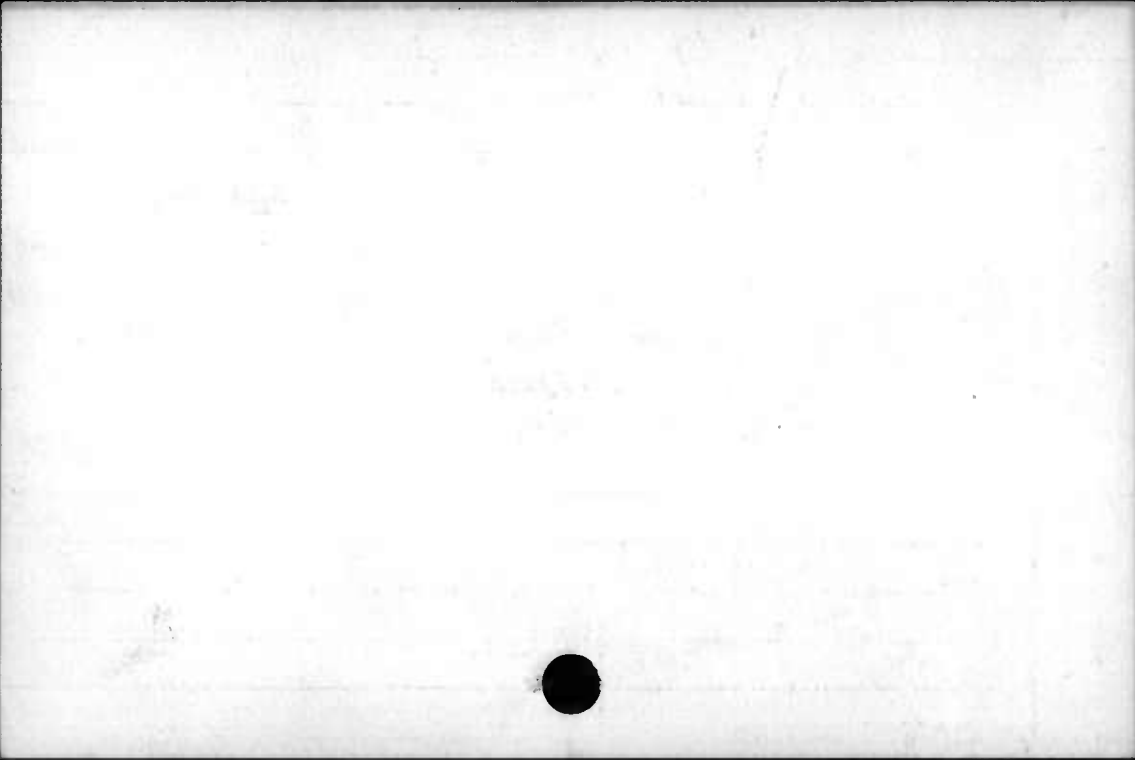
Signature of  
Physicianattended by  
H. W. McLean

Address

Oakland

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



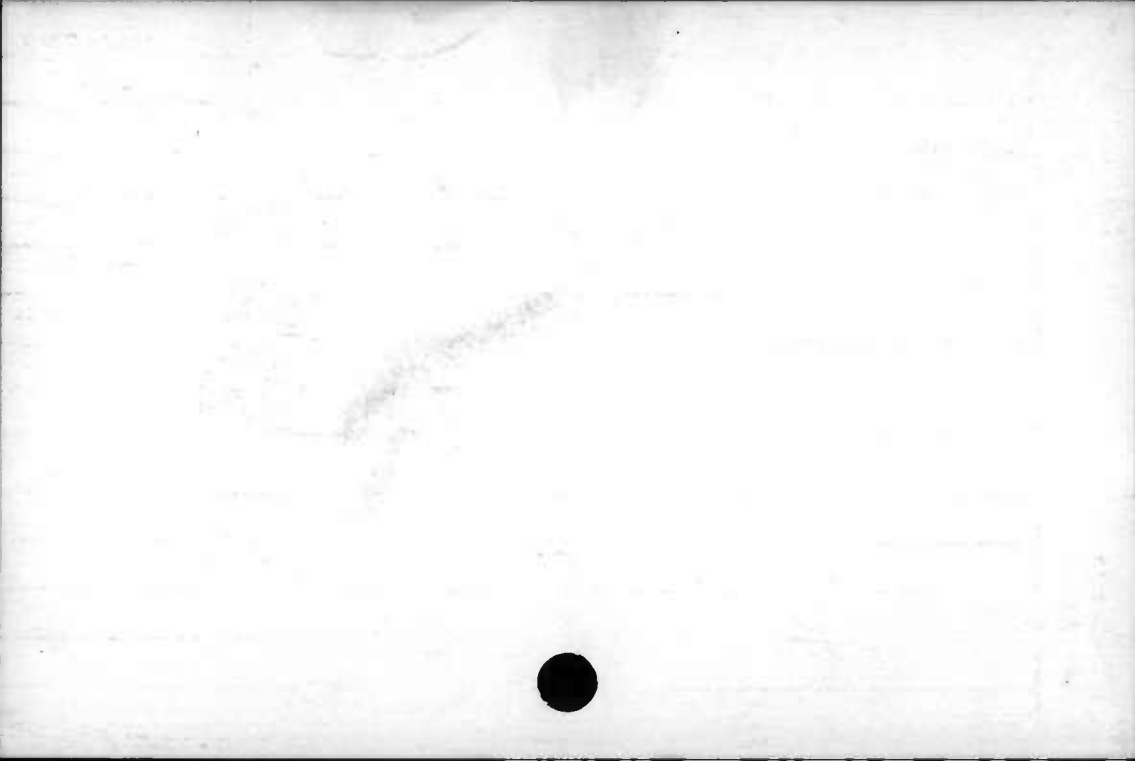
Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

Name in Full <i>James Dewitt</i>		Town <i>Near Oakland</i>		County <i>Garrett</i>		State <b>MARYLAND</b>	
Date of death <i>1903</i>		Month <i>Dec</i>		Day <i>16</i>		Age <i>36</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Months Days	
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Near Oakland</i>		Married, <del>Single</del> or Widowed <i>Married</i>		Name of Wife or husband <i>David</i>	
Father's Name <i>David Delawder</i>		Father's Birthplace <i>Ind</i>		Mother's Maiden Name <i>Phoebe</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>David Delawder</i>		How related to deceased <i>5</i>					

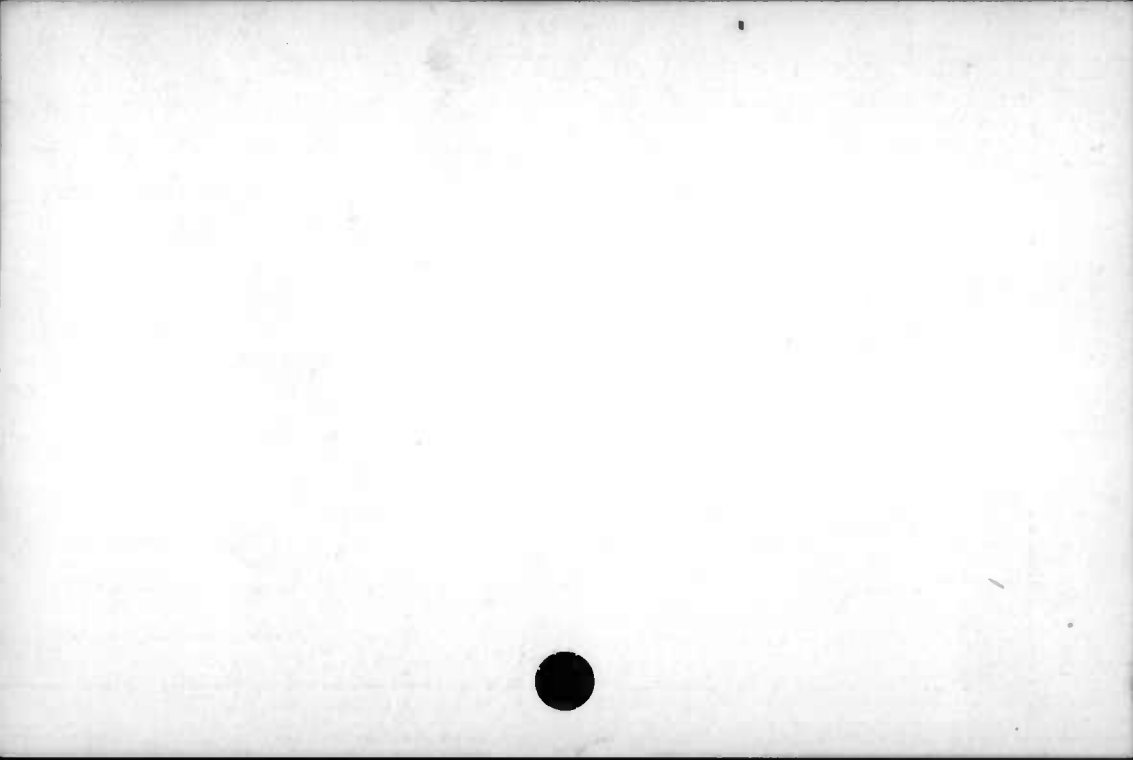
## CAUSES OF DEATH

Primary <i>Smallpox</i>		How long	
Immediate <i>Threatened abortion attended by Dr. McCormac</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. V. McCormac</i>	
		Address <i>Oakland</i>	
Accident or Suicide?			





Name in Full		Town				County		CERTIFICATE OF DEATH	
Roy Dewitt		near Friendsville				Garret		MARYLAND	
Died at		Date <del>Dec 24</del>		Month	Day	Age	Years	Months	Days
of death 1903		Dec.		24	20				
Sex		Male		Color or Race		White		Birth-place	
								Garrett Co. Md	
Married, Single or Widowed		Single		Occupation		Farmer & Teacher			
Name of Wife or Husband									
Father's Name		Harris Dewitt		166 I.		Father's Birthplace		Garrett Co. Md	
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information						How related to deceased			
CAUSES OF DEATH									
Primary		Shooting				How long			
Immediate		Shot in head				How long			
Are the name, age, sex, color, date and place correctly given above?						Signature of Physician			
						M. E. Hazew Underlaker			
						Address			
Accident or Suicide?		accident							



Name  
in  
Full

Laisy Harne X

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Oakland* <sup>Town</sup>County *Garrett*

MARYLAND

Date of death 190 *3* Month *Dec* Day *5*Age *26* YearsMonths *10*Days *2*Sex *Female*Color or Race *White*Birth-place *Carmichael Md*Married, Single or Widowed *Single*

Occupation \_\_\_\_\_

~~Name of Wife or Husband~~Father's Name *Andrew J Harne*

Father's Birthplace \_\_\_\_\_

Mother's Maiden Name *Gertrude Kuhner* *32*

Mother's Birthplace \_\_\_\_\_

Name of person giving information *E B Harne*How related to deceased *Brother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *ovarian trouble*

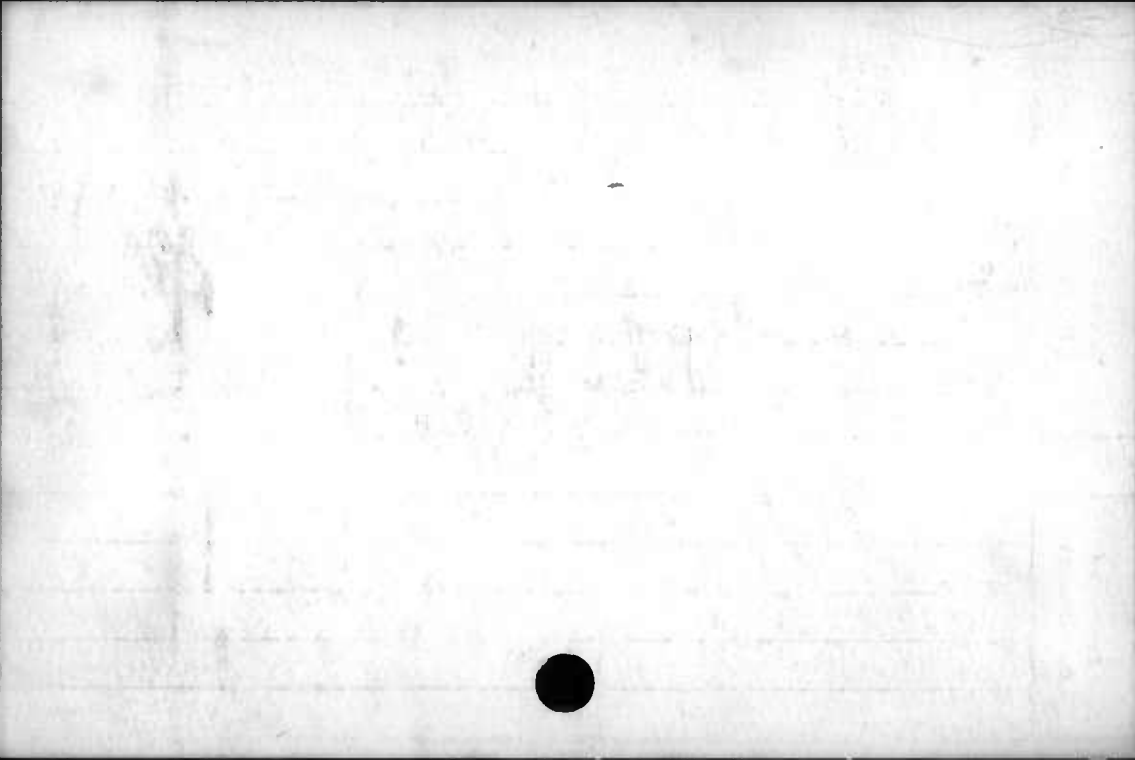
How long \_\_\_\_\_

Immediate *do*

How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *attended by J B Legger*Address *Oakland*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Years	Months	Days	
Sex		Color or Race		Birth-place		Occupation	
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Name of person giving information		How related to deceased		Father's Name		Mother's Maiden Name	

David Henry X  
 Oakland Garrett  
 3 Dec 23 Age 28  
 Male White Wore  
 Labor  
 John Henry 5.  
 Rose Henry 5.  
 Wade Bradley

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Smallpox	How long	one week
Immediate	Pneumonia	How long	attended by
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H W McCann
		Address	Oakland
Accident or Suicide?			

Dec 23 Kamp

" 16 Dewitt W

" 7 Bony

Name  
in  
Full

Philip Lewis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Hoy's* Town

County

*Garrett*

MARYLAND

Date

of death 1903

Month

*Dec*

Day

*22*

Age

Years

*74*

Months

*7*

Days

*19*

Sex

*Male*Color or  
Race*White*Birth-  
place*Maryland*Married, Single  
or Widowed*Married*

Occupation

*Farmer*Name of Wife or  
Husband*Catharine Lewis*Father's  
Name*Philip Lewis*Father's  
Birthplace*Md*Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
information*Elijah T. Lewis*How related  
to deceased*son*

## CAUSES OF DEATH

Primary

*Heart-dropsy*

How long

*6 wks.*

Immediate

*Heart failure*

How long

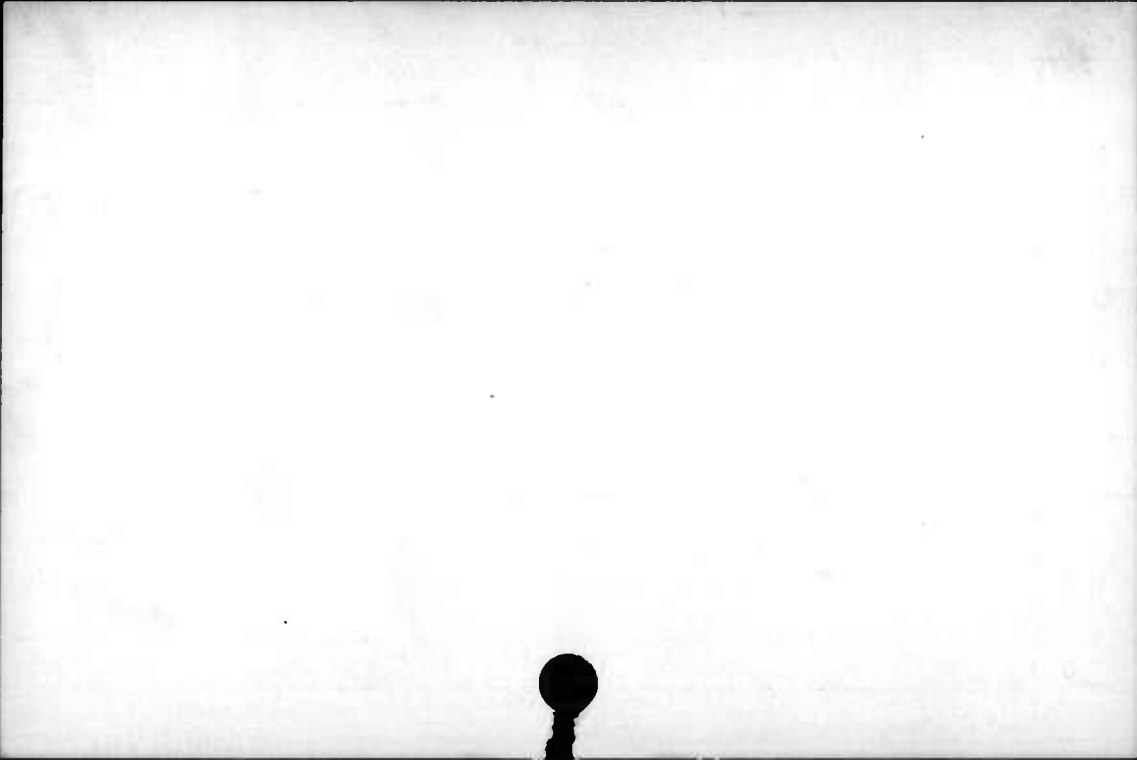
Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*A. J. Henson MD**Friendsville**Bitler 1903**Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address

//////



Name  
in  
Full

Eliza Klipstine MC Intyre

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Savage</i> Town		County <i>Garrett</i>		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>9</i>	Age <i>53</i>	Months <i>✓</i>	Days <i>✓</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Garrett Co Md</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>HW</i>		
Name of <del>Wife</del> Husband <i>David MC Intyre</i>					
Father's Name <i>Wm. Klipstine</i>			Father's Birthplace <i>✓</i>		
Mother's Maiden Name <i>✓</i>			Mother's Birthplace <i>✓</i>		
Name of person giving information <i>David MC Intyre</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's disease</i>	How long <i>About 3 years</i>
Immediate <i>Heart failure</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. C. Boncher</i>
	Address <i>✓</i>
Accident or Suicide?	



Name  
in  
FullCharles Oliver<sup>x</sup> Mills

## CERTIFICATE OF DEATH

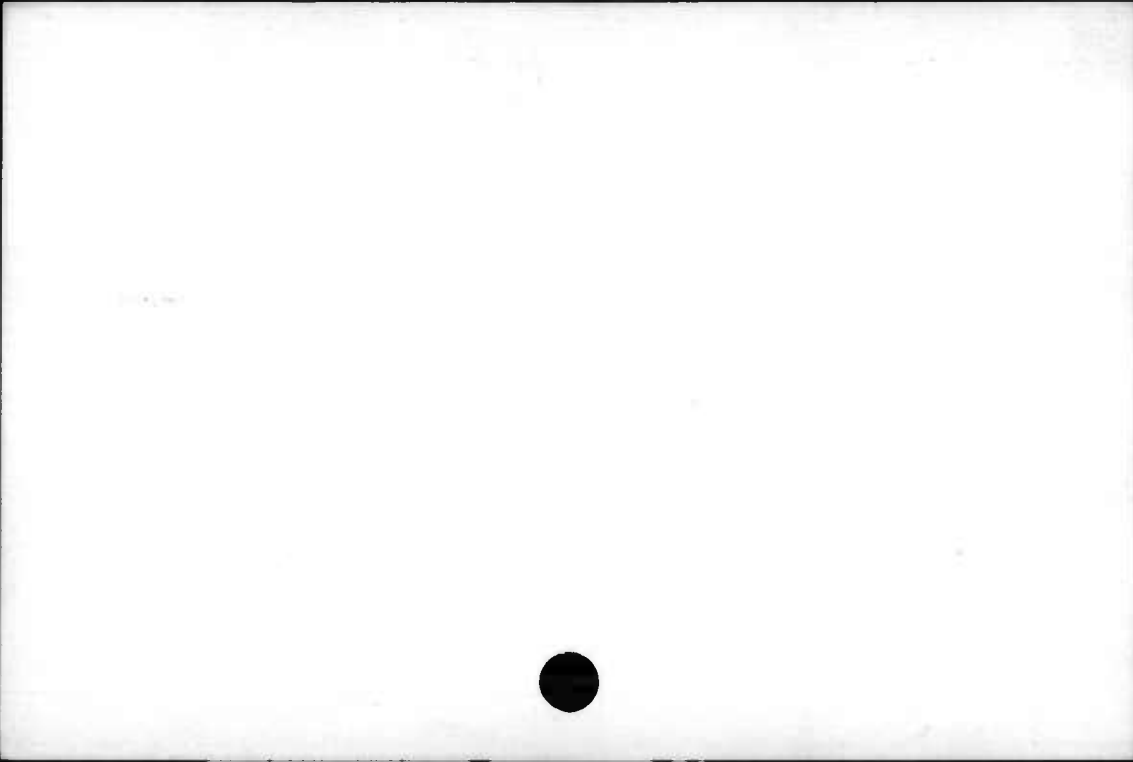
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bullinger</i> Town		<i>Garrett</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec</i>	Day <i>18</i>	Age Years <i>63</i>	Months <i>9</i>	Days <i>2</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Alleghany Co Md</i>	
<del>Married, Single</del> or Widowed		Occupation <i>Farmer</i>			
Name of Wife or Husband					
Father's Name <i>Isaac Mills</i>			Father's Birthplace <i>Alleghany Co Md</i>		
Mother's Maiden Name <i>Annie Fayenbaker</i>			Mother's Birthplace		
Name of person giving information <i>Annie Fayenbaker</i>			How related to deceased <i>mother</i>		

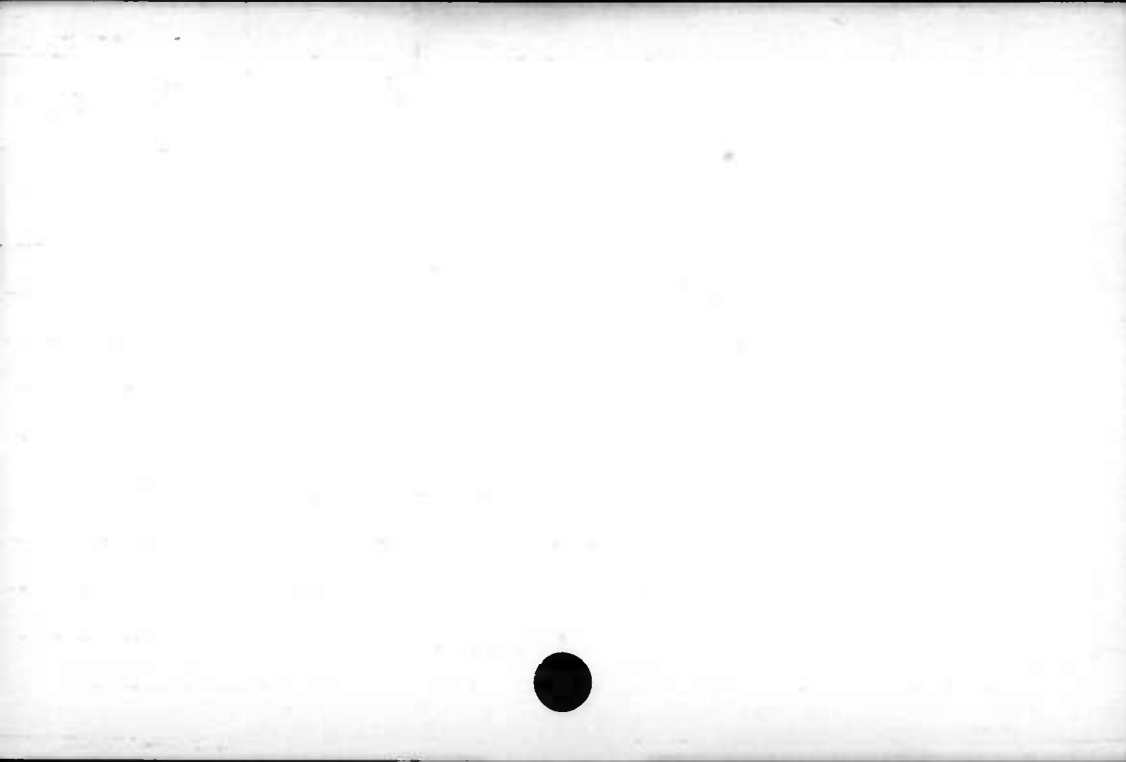
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Exposure</i>	How long <i>9 days</i>
Immediate <i>Painful spasms of heart</i>	How long <i>1 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H L Burrows</i>
	Address <i>Grantlence Md</i>
Accident or Suicide?	



Name in Full		Meyers				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Jennings	County Smeth		MARYLAND	
	Date of death	1903	Month Dec.	Day 22	Age	Years	Months 9
	Sex	Male		Color or Race	White		
	Occupation	Child			Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
	Father's Name	Chas. Meyers				Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
Name of person giving In formation					How related to deceased		
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Rubella				How long	3 days
	Immediate	Complications				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide?				<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto;"></div>			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Johannes Moeller X</i>		Town <i>Accident</i>		County <i>Gorrie</i>		MARYLAND	
Died at <i>Accident</i>		Month <i>Dec</i>		Day <i>11</i>		Years <i>54</i>	
Date of death 190 <i>3</i>		Month <i>Dec</i>		Day <i>11</i>		Age <i>54</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>		Months <i>9-</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>		Days <i>9</i>			
Name of Wife or Husband <i>Barbara Miller</i>		Father's Name <i>Don't know</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Germany</i>		How related to deceased <i>no.</i>			
Name of person giving information <i>Rev. B. Hevernick</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>S. grippe</i>	How long <i>two weeks</i>
Immediate <i>Heart failure</i>	How long <i>sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. R. Boyer M.D.</i>
	Address <i>Accident</i>
Accident or Suicide?	<i>md</i>



Name  
in  
Full

Blanch Riley X

## CERTIFICATE OF DEATH

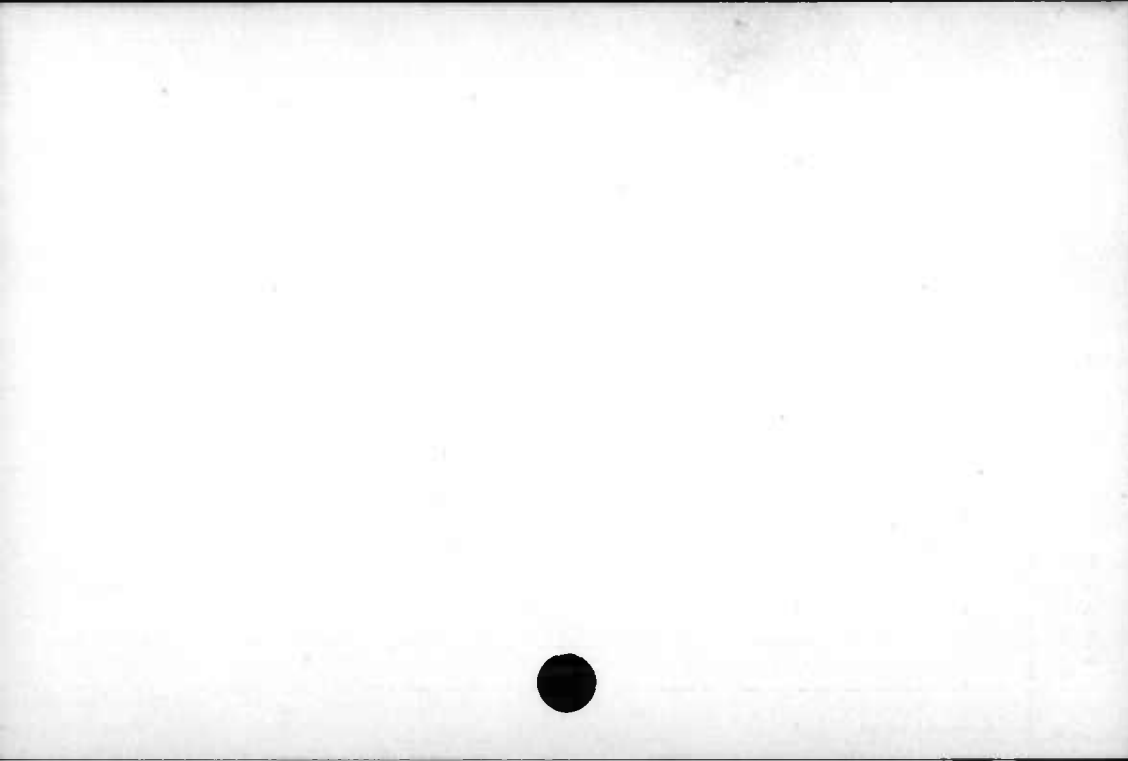
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pleasant Valley</i>		Town <i>Pleasant Valley</i>		County <i>Garrett</i>		State <i>MARYLAND</i>	
Date of death 1903	Month <i>Dec</i>	Day <i>31</i>	Age <i>7</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pleasant Valley</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>				
Name of Wife or Husband _____							
Father's Name <i>Dallas Riley</i>				Father's Birthplace <i>Mo</i>			
Mother's Maiden Name <i>Rachael Lomer</i>				Mother's Birthplace <i>Mo</i>			
Name of person giving information <i>Sari Schnepf</i>				How related to deceased <i>None</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Scarlet fever</i>	How long	<i>one week</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. G. Kimbrough M.D.</i>	
<i>yes</i>		Address <i>Oakland Mo</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>McHenry</i> Town		<i>Gorrett</i> County			
Date of death 190 <i>3</i>	Month <i>Dec</i>	Day <i>26</i>	Age <i>15</i> Years	Months	Days <i>one</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>McHenry</i>			
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name <i>James &amp; Smith</i>		Father's Birthplace <i>W. Va, Buckhannon</i>			
Mother's Maiden Name <i>Minnie Stettin</i>		Mother's Birthplace <i>Gorrett</i>			
Name of person giving information <i>James &amp; Smith</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature birth</i>	How long <i>one day</i>
Immediate <i>Premature birth</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. R. Bayen</i>
	Address <i>Accident</i>
Accident or Suicide?	<i>md</i>

